California Medical Association

NOTICES AND REPORTS

Percodan on Triplicate

The Background of the New Law

THE TRIPLICATE prescription form as used in California and Illinois has been useful in two ways: First to prevent forgeries of prescriptions for hard narcotics, and second to educate the medical profession as to the addicting liabilities of these compounds.

In the 1963 session of the California Legislature, bills were introduced which would have placed Percodan on the triplicate form.

The bills were introduced on behalf of the Attorney General of the state representing law enforcement and the position taken in these bills was that the problem of forgeries was a real one and that this could be largely eliminated by use of the triplicate prescription. The bill was supported by Governor Edmund Brown, by law enforcement agencies generally, and by the California Medical Association.

The position of the California Medical Association was that the compounds should be placed on the triplicate form for a two-year period, and at the end of this time a second look would determine whether or not this had been a good idea and should be continued or whether the problem had been magnified somewhat and continuation should prove to be unnecessary.

In any event the bill was opposed by Endo Laboratories, Inc., on the basis that the problem was not great and that placing the product on the triplicate form would magnify the addiction liability in the minds of the physicians so that they would then not prescribe it even though its use in a particular case was reasonable and legitimate.

The Endo company did not at all condone the abuse of the product, but felt that the abuse was minimal.

The opposing point of view was that the narcotic ingredient—namely, oxocodone—was indeed highly addicting and even though it might be mixed with other ingredients which might negate the addicting liability, the addicting liability was still substantial; therefore, a reasonable position was to require the triplicate form.

As I appeared at the hearings at this time, it was apparent that there was much honest difference of opinion, and documentary evidence of it either way was not entirely clear-cut; there was a "gray zone," although the CMA proposal of a trial period of two years seemed reasonable enough.

In any event the proposed legislation did not pass and Percodan remained available on an ordinary prescription blank. At the 1965 session of the Legislature the bill was reintroduced.

The Endo company changed its position, stating that they felt that the matter was one in which they should not be involved lest the company be accused of self-interest, but one that should be settled by the representatives of medicine and law

enforcement, with the final settlement naturally being then accomplished by the legislative process after the evidence had been weighed.

A bill was introduced which would place Percodan on triplicate; and after hearings had been conducted and the usual legislative processes satisfied, the bill passed and was signed by the Governor.

The Endo company did not oppose the bill at the most recent session and had a very constructive attitude; namely, that the company had made its position clear at the previous hearings, had nothing to add and felt that the matter was now a legislative one and should be settled by the legislative process.

Beginning September 15 of this year, the triplicate form will be required for prescription of Percodan, but one facet of this situation remains undetermined: It has to do with the Endo company's position that placing the drug on triplicate would create in the minds of physicians so strong a suspicion of the possibility of addiction that they would no longer prescribe it for patients for whom it was legitimately indicated. Percodan is a short-acting pain-relieving drug which is highly effective in relieving short-acting problems of pain such as dental problems, postoperative pain and the like; and the position of the CMA Committee on Dangerous Drugs is that physicians can be relied upon to use reasonable discretion in prescribing the drug.

The compound remains the same as before and the indications for its use are the same; the only change is that one more carbon copy of the prescription is required. Time will tell whether the misgivings of the Endo company are well grounded or my own optimism as to the judicious attitude of the medical profession in California will be justified.

It is hoped that placing Percodan on triplicate will not frighten physicians away from using it where it is needed but will merely alert him to the fact that he is indeed dealing with a drug with addiction liabilities and will not use it in the treatment of long-term illness such as arthritis, or in the treatment of the menopause or for unstable persons in whom he may be creating more problems than he solves.

In any event it is hoped that the physicians in California will be made aware of the fact that this legislation was not adopted capriciously and in a few years documentary evidence may well be available as to whether or not the law is needed.

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